

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 295  
Township North Morgan Primary Registration District No. 6290  
City Madison (No. 1) St. Madison Ward 1

File No. 23890  
Registered No. 18

2. FULL NAME

(a) Residence, No. 1 St. Madison Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>S. C. Rook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26 1864</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>10</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison</u>		
13. NAME <u>Redinburn</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison</u>		
15. MAIDEN NAME <u>Don &amp; Knowlton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don &amp; Knowlton</u>		
17. INFORMANT (ADDRESS) <u>Sophie L. Linnell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Presbyterian Cemetery</u> DATE <u>July 22 1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. L. Miller</u> <u>MO</u>		
20. FILED <u>July 22 1934</u> <u>W. L. Miller</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-20-1934 to 7-20-1934, 19 34  
I last saw her alive on 7-10-34, 19 34 Death is said to have occurred on the date stated above, at m.  
The principal cause of death and related causes of importance were as follows:  
Old age and heart failure  
107  
Date of onset 107

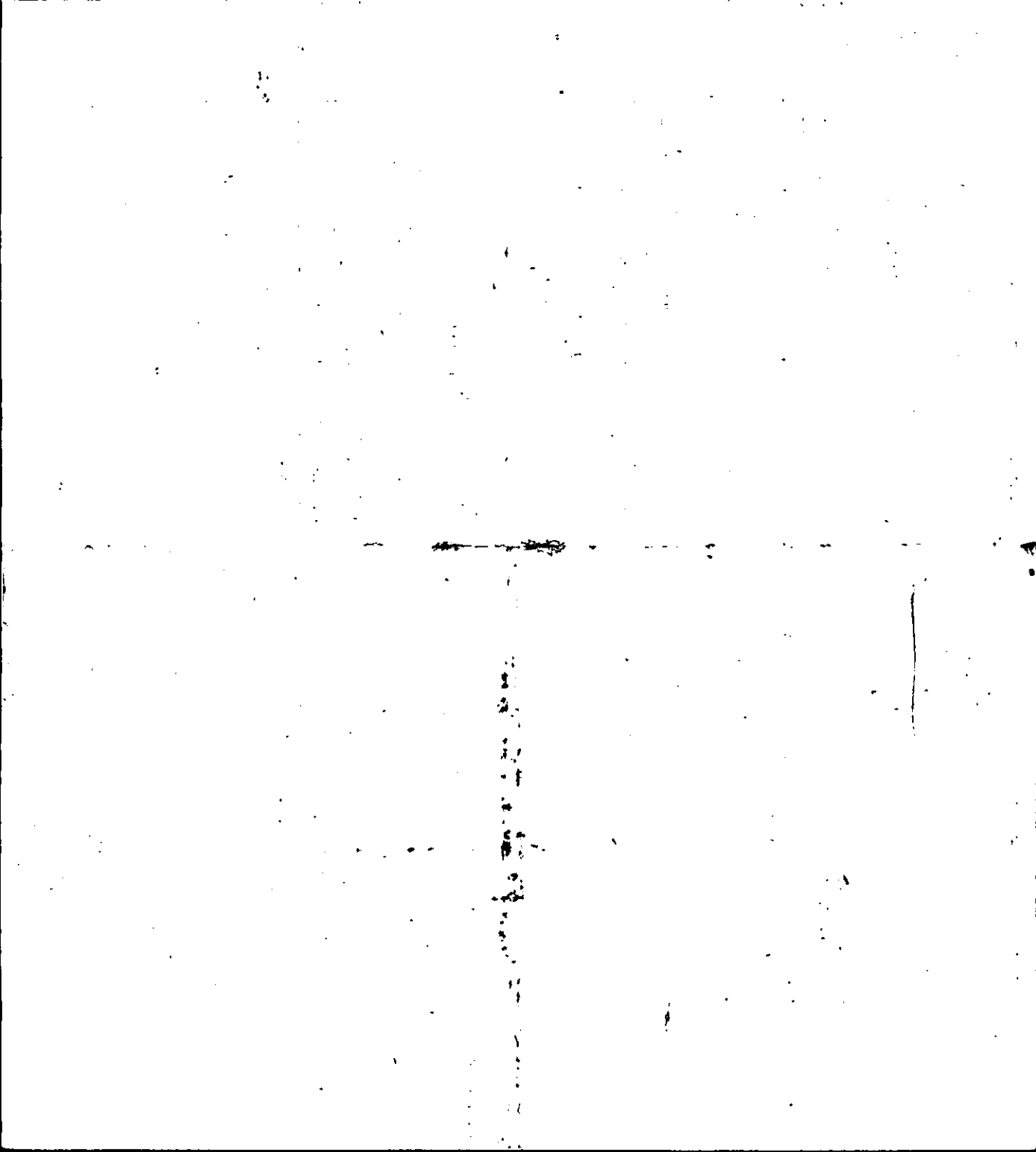
Other contributory causes of importance:

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19 34  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) W. L. Miller, M. D.  
(Address) W. L. Miller



#2 *Dade*  
*N. Morgan*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lizzie Louvenia Peep  
Who died at \_\_\_\_\_ on July 20, 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex fi Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 69 Months 10 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Old age and heart weakness

Endocarditis, acute

Other contributory causes of importance 7/21

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar Morris Miller Original filed July 22-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 233

Very truly yours,

Primary Reg. Dist. No. 6290

Special Agent.

23890